

18/20

ADDRESS

By

C. EVERETT KOOP. M.D., Sc.D.

SURGEON GENERAL

OF THE

U.S. PUBLIC HEALTH SERVICE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRESENTED AT THE INDUSTRIAL COLLEGE OF THE ARMED FORCES

WASHINGTON, D.C.

FEBRUARY 13, 1989

(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

THANK YOU VERY MUCH FOR YOUR INVITATION TO BE HERE THIS MORNING. I'M DELIGHTED THAT YOUR STUDIES HERE INCLUDE SOME DISCUSSION OF THE HEALTH OF AMERICA'S YOUNG PEOPLE, ALTHOUGH -- TO BE PERFECTLY HONEST ABOUT IT -- WE HAVE NEITHER THE QUALITY NOR THE QUANTITY OF INFORMATION WE WOULD LIKE, CONCERNING THE HEALTH OF YOUNG PEOPLE.

THEREFORE, IF YOU WONDER THAT I MAY HAVE FORGOTTEN TO MENTION SOME SET OF DATA, PLEASE ASK ME ABOUT IT AT THE CONCLUSION OF MY REMARKS. BUT I CAN PREDICT THAT MANY OF YOUR QUESTIONS WILL HAVE TO BE ANSWERED WITH "WE JUST DON'T KNOW."

BUT FIRST, LET ME TALK ABOUT SOME OF THE THINGS WE DO KNOW, IN REGARD TO THE HEALTH OF YOUNG PEOPLE. AND HERE LET ME SAY THAT I USE THAT TERM TO MEAN NOT ONLY THOSE IN THE AGE RANGE OF 18 TO 21, THE GROUP THAT YOU'RE ESPECIALLY INTERESTED IN, BUT ALSO BOYS AND GIRLS DOWN AT ELEMENTARY SCHOOL AGE.

I UNDERSTAND YOUR INTEREST IN SUCH A NARROW AGE GROUP, BUT -
- FROM A PUBLIC HEALTH POINT OF VIEW -- THAT NARROW A RANGE MAKES LITTLE SENSE.

AT ANY RATE, LET'S BEGIN BY UNDERSTANDING THAT OUR YOUNG PEOPLE ARE BASICALLY QUITE HEALTHY, WHEN WE MEASURE THEM ACCORDING TO THE USUAL PUBLIC HEALTH CONCERNS :... INFECTIOUS DISEASE, HEART TROUBLE, UPPER RESPIRATORY CONDITIONS, AND SO ON.

THANKS TO SOME EXCELLENT PROGRESS IN VACCINE DEVELOPMENT, WE'VE VIRTUALLY ELIMINATED POLIO FROM OUR SOCIETY, AS WELL AS DIPHTHERIA AND TYPHOID FEVER.

WE'RE ON THE WAY TO DOING THE SAME WITH MUMPS, MEASLES, AND GERMAN MEASLES.

WE CAN PROTECT YOUNG PEOPLE AGAINST DIFFERENT STRAINS OF INFLUENZA.

AND WE'RE GOING AFTER TUBERCULOSIS AND SOME OTHER DISEASES WHICH WE KNOW HOW TO CONTROL, BUT WHICH EVERY NOW AND THEN GET OUT OF CONTROL.

AMONG THOSE DISEASES -- IN ADDITION TO T.B. -- ARE SYPHILIS, HEPATITIS, AND GONORRHEA. THESE DISEASES, I'M SORRY TO SAY, ARE SPREAD MOST OFTEN BY -- AND AMONG -- THOSE ADOLESCENTS AND YOUNG ADULTS WHO ENGAGE IN HIGH-RISK SEXUAL BEHAVIOR AND DO SO INDISCRIMINATELY AND RECKLESSLY.

OF COURSE, HIGH-RISK SEXUAL BEHAVIOR IS ONE OF THE MAIN WAYS THAT THE AIDS VIRUS IS TRANSMITTED. THIS IS A VERY SERIOUS SITUATION BECAUSE, UNFORTUNATELY, WE STILL DON'T HAVE AN AIDS VACCINE THAT CAN PROTECT ANYBODY AGAINST THE FATAL CONSEQUENCES OF SUCH HIGH-RISK BEHAVIOR.

I'D LIKE TO TELL YOU THAT A GOOD STRONG EDUCATION PROGRAM IS ALL YOU NEED TO STRAIGHTEN OUT YOUNG PEOPLE AND PROTECT THEM FROM A VARIETY OF HEALTH DISASTERS.

I'D LIKE TO ... BUT I CAN'T.

THE PAINFUL FACT IS THAT WE'VE TOLD ADOLESCENTS AND YOUNG ADULTS ALL ABOUT SYPHILIS AND GONORRHEA AND AIDS AND DRUG ABUSE AND ALCOHOL ABUSE AND DRINKING AND DRIVING AND SO ON. AND NONE OF THESE PROBLEMS HAS GONE AWAY.

FOR EXAMPLE, I'VE BEEN ON THE ROAD CONSTANTLY FOR THE PAST TWO YEARS TELLING THE AMERICAN PEOPLE -- AND ESPECIALLY AMERICAN YOUNG PEOPLE -- ABOUT THE DANGERS OF AIDS AND HOW TO AVOID CATCHING THAT DISEASE.

THE MESSAGE TRULY ISN'T ALL THAT DIFFICULT TO CONVEY OR TO UNDERSTAND. BASICALLY IT'S THIS:

- * DON'T ENGAGE IN SEX AT ALL, IF YOU DON'T KNOW WHAT YOU'RE DOING OR WITH WHOM YOU'RE DOING IT ...
- * AT LEAST USE A CONDOM, IF YOU'RE GOING TO DO IT ANYWAY ...
- * DON'T ENGAGE IN INTRAVENOUS DRUG ABUSE ...
- * BUT UNDER NO CIRCUMSTANCES SHOULD YOU USE SOMEONE ELSE'S NEEDLE AND SYRINGE OR SHOULD YOU SHARE YOURS.

THAT'S IT ... LESS THAN A MINUTE'S WORTH OF INFORMATION THAT CAN SAVE SOMEONE'S LIFE. THAT'S THE ESSENTIAL MESSAGE WE'VE BEEN RELAYING TO YOUNG PEOPLE FOR THE PAST TWO YEARS. IT'S BEEN DELIVERED BY ME, BY THE WHOLE PUBLIC HEALTH SERVICE, BY THE MEDIA, AND BY OUR SCHOOLS AND COLLEGES. HOWEVER, THERE'S BEEN NO DISCERNIBLE REDUCTION IN THE NUMBER OF YOUNG PEOPLE CATCHING SEXUALLY TRANSMITTED DISEASES LIKE SYPHILIS AND GONORRHEA.

IN FACT, IN 1987, WHEN YOUNG PEOPLE WERE BEING BOMBARDED WITH CLEAR, EVEN EXPLICIT MESSAGES ON THIS SUBJECT -- CERTAINLY AS NEVER BEFORE -- THE INFECTION RATES AMONG 14- TO 17-YEAR-OLDS FOR SYPHILIS AND PENCILLIN-RESISTANT GONORRHEA ROSE FASTER THAN THEY HAD AT ANY TIME IN THE PAST 16 YEARS.

AND KIDS ARE STILL "DOING DRUGS." AS A RESULT, TOO MANY YOUNG PEOPLE ARE STILL CATCHING AIDS AND HEPATITIS AND DYING OF DRUG OVERDOSES.

THE SITUATION ISN'T TOTALLY HOPELESS, OF COURSE. WE KNOW THAT MANY YOUNG PEOPLE DO LISTEN TO THESE MESSAGES ABOUT SAFE AND HEALTHFUL BEHAVIOR ... AND WE DO KNOW THAT MANY THOUSANDS OF LIVES ARE SAVED AS A RESULT. THEREFORE, WE ARE OBLIGATED TO CONTINUE TO PURSUE THE ROUTE OF EDUCATION ... EDUCATION ... AND MORE EDUCATION.

AND WE WILL ... EVEN THOUGH WE KNOW THAT THE PHYSICAL, EMOTIONAL, AND INTELLECTUAL GROWTH PROCESSES THAT OCCUR DURING LATE ADOLESCENCE ARE EXTREMELY COMPLEX, UNPREDICTABLE, AND STILL NOT FULLY UNDERSTOOD. THEREFORE, WE ALSO KNOW THAT THESE PROCESSES ARE NOT EASILY INFLUENCED BY WELL-MEANING ADULTS EITHER.

BUT EVERYTHING I'VE SAID SO FAR IS BASED UPON WHAT WE CALL "THE DISEASE MODEL." THAT IS, THE INFORMATION TELLS HOW POORLY SOME OF OUR YOUNG PEOPLE ARE DOING IN REFERENCE TO A WHOLE HOST OF INFECTIOUS DISEASES OR CHRONIC CONDITIONS OF ONE KIND OR ANOTHER.

BUT THE INFORMATION REALLY DOESN'T TELL YOU HOW WELL MOST OF OUR YOUNG PEOPLE ARE DOING IN THE NORMAL COURSE OF LIVING THEIR LIVES.

WE GUESS THAT THEY'RE DOING RELATIVELY WELL. BUT WE DON'T KNOW THAT WITH ANY DEGREE OF ACCURACY. THAT KIND OF INFORMATION JUST ISN'T AVAILABLE THROUGH THE TRADITIONAL "DISEASE" MODEL, THE MODEL THAT'S MOST FAMILIAR TO US.

SO WHAT DO WE DO?

ONE THING WE'VE DONE IS TO TRY TO ASK THE RIGHT QUESTION. IN OTHER WORDS, RATHER THAN ASK HOW SICK OUR YOUNG PEOPLE ARE, WE'VE BEGUN TO ASK HOW HEALTHY THEY ARE. OF COURSE, THAT MEANS WE NEED TO HAVE SOME ROUGH-AND-READY DEFINITION OF THE WORD "HEALTH".

THAT'S A WHOLE DISCUSSION ALL BY ITSELF. BUT SUFFICE TO SAY THAT WE HAVE AGREED -- FOR SOME YEARS NOW -- THAT THE PHYSICAL FITNESS OF YOUNG PEOPLE CAN BE A REASONABLY GOOD INDICATOR OF THEIR HEALTH.

MORE SPECIFICALLY, WE ZEROED IN ON THE MUSCLE STRENGTH, LUNG CAPACITY, AND HEART ACTIVITY OF YOUNG MEN AND WOMEN.

WE MADE THE ASSUMPTION -- AND I THINK IT'S A CORRECT ASSUMPTION -- THAT IF THESE INDICATORS ARE ALL STRONG IN A YOUNG PERSON, THEN THE CHANCES ARE EXCELLENT THAT SUCH A YOUNG PERSON IS "FIT" AND IN "GOOD HEALTH."

FROM THERE YOU MOVE ON TO THE PROBLEM OF OBTAINING BASELINE DATA AND SETTING STANDARDS AND SO ON.

AND AT THIS POINT, LET ME PUT IN A PLUG FOR THE PRESIDENT'S COUNCIL ON PHYSICAL FITNESS AND SPORTS. THAT'S WHERE A LOT OF THIS WORK HAS BEEN GOING ON.

THIS ORGANIZATION, TINY BY WASHINGTON STANDARDS, WAS CREATED 33 YEARS AGO BY PRESIDENT EISENHOWER. IT IS NOW PART OF THE OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH IN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

SOME OF YOU MAY RECALL THAT PRESIDENT EISENHOWER TOOK THAT ACTION IN DIRECT RESPONSE TO OUR EXPERIENCE DURING WORLD WAR II AND AGAIN DURING THE KOREAN WAR, WHEN WE HAD HIGH REJECTION RATES AMONG BOTH DRAFTEES AND ENLISTEES BECAUSE OF THEIR POOR PHYSICAL CONDITION.

BUT MILITARY REJECTION RATES ARE NOT THE ONLY DATA WE HAVE. BOTH GOVERNMENT AND THE PRIVATE SECTOR HAVE DONE EXTENSIVE SURVEYS, BEGINNING IN 1958, TO DETERMINE THE PHYSICAL FITNESS OF AMERICAN BOYS AND GIRLS. THE LATEST SUCH SURVEY WAS DONE IN 1985 BY THE PRESIDENT'S COUNCIL.

SO I THINK IT'S SAFE TO SAY THAT WE NOW HAVE THE BASELINE DATA WE'VE BEEN LOOKING FOR ... BUT I'M NOT SURE WE'RE HAPPY WE FOUND IT.

THE INFORMATION WE NOW HAVE, IN RESPECT TO PHYSICAL FITNESS, CONCERNS YOUNG PEOPLE BETWEEN THE AGES OF 6 AND 17. I KNOW THAT THIS AGE GROUP IS JUST BELOW THE ONE YOU ARE PRIMARILY INTERESTED IN, BUT I HOPE TO CONVINCING YOU THIS MORNING THAT YOUR INTEREST SHOULD ALSO PROPERLY EMBRACE YOUNGSTERS AS WELL.

AND IN ANY CASE, SINCE THE LATEST SURVEY WAS DONE IN 1985, I GUESS IT'S SAFE TO SAY THAT A FAIR NUMBER OF THOSE BOYS AND GIRLS ARE NOW YOUNG ADULTS IN THEIR EARLY 20s AND MANY MAY INDEED ALREADY BE IN UNIFORM.

AND THE CHANCES ARE ALSO VERY GOOD -- UNFORTUNATELY, I MIGHT ADD -- THAT THE PHYSICAL FITNESS OF VIRTUALLY EVERY ONE OF THEM HAS NOT CHANGED. WITH THE POSSIBLE EXCEPTION OF THOSE IN UNIFORM.

AFTER SOME 30 YEARS OF SUCH SURVEYS, WE SEE THAT THERE IS VERY LITTLE CHANGE IN THE RESULTS FROM ONE SURVEY TO THE NEXT. IF ANYTHING, SOME PERFORMANCE SCORES HAVE DROPPED A BIT. LET ME TAKE A MOMENT AND SHARE WITH YOU A FEW OF THESE SCORES FROM THE 1985 SURVEY.

FOR EXAMPLE, A LARGER PERCENTAGE OF BOYS AND GIRLS IN 1985 SCORED LOWER THAN THE 50TH AND EVEN THE 25TH PERCENTILES OF THE TEST GIVEN 10 YEARS BEFORE, IN 1975. IN FACT, SAYS THE PRESIDENT'S COUNCIL, "THE PERCENTAGE OF YOUTH PERFORMING PROGRESSIVELY WORSE IS ALARMING."

AND I WOULD CERTAINLY AGREE.

LARGE NUMBERS OF BOYS AND GIRLS PERFORMED POORLY ON CARDIORESPIRATORY ENDURANCE TESTS. IN THE KEY EXAMPLE, ABOUT HALF THE GIRLS AGED 6 THROUGH 17 AND ALMOST A THIRD OF THE BOYS AGED 6 TO 12 COULD NOT RUN A MILE IN LESS THAN 10 MINUTES.

BOYS DO TEND TO IMPROVE THEIR TIME YEAR-BY-YEAR ... NOT BY MUCH, BUT SOME. GIRLS, HOWEVER, SEEM TO DO THEIR BEST BY THE TIME THEY REACH AGE 14 ... AND THAT'S IT. THEY HIT A PLATEAU.

I AM TRULY CONCERNED BY THIS NEWS, BECAUSE CARDIO-RESPIRATORY FITNESS IS DIRECTLY RELATED TO A REDUCTION IN HEART DISEASE AND A LONGER LIFE SPAN.

THE CHILDREN WHO DID NOT DO WELL HAVE A PROBLEM. WHEN THEY REACH THEIR ADULT YEARS AND DISCOVER THAT THEY ARE RUNNING A HIGHER RISK OF HEART DISEASE, THEY WILL WANT TO DO SOMETHING TO "CATCH UP" ... AND THAT IS NEVER EASY, AS WE ALL KNOW.

ANOTHER EXAMPLE CONCERNS THE STRENGTH OF THE MUSCLES OF THE UPPER ARM AND SHOULDERS. AGAIN, IT IS POOR FOR BOTH BOYS AND GIRLS.

ONE OUT OF EVERY 4 BOYS, AGED 6 THROUGH 12, COULD NOT DO ONE PULL-UP ... THEY SIMPLY DID NOT HAVE THE STRENGTH. AND 15 PERCENT OF BOYS THIS AGE COULD ONLY DO ONE PULL-UP ... AND NO MORE!

AMONG THE GIRLS TESTED -- AND THAT'S OF ALL AGES, 6 THROUGH 17 -- 55 PERCENT COULD NOT DO ONE PULL-UP. AND AGAIN, 15 PERCENT COULD ONLY DO ONE ... AND NO MORE.

IN OTHER WORDS, FAR TOO MANY OF OUR CHILDREN APPARENTLY DON'T HAVE ENOUGH STRENGTH TO HANDLE THEIR OWN BODY WEIGHT. IN ANY KIND OF AN EMERGENCY, THEY ARE OF LITTLE HELP TO THEMSELVES. THEY'RE NOT ABLE TO TAKE PART IN ANY PHYSICALLY DEMANDING RECREATION.

NOR ARE THEY ABLE TO DO ANY ONE OF A NUMBER OF ORDINARY DAILY TASKS AROUND THE HOUSE ... EVEN IF THEY WANTED TO -- WHICH ISN'T LIKELY -- OR IF YOU COULD FIND THEM TO TELL THEM TO DO IT, WHICH ALSO ISN'T TOO LIKELY.

BUT IT'S ALSO INTERESTING TO NOTE THAT THE DEFICIENCIES IN THIS VERY CATEGORY -- THAT IS, UPPER ARM AND SHOULDER STRENGTH - HAS DOGGED AMERICAN YOUNG PEOPLE SINCE THE DAYS OF THE WORLD WAR II INDUCTION PHYSICALS.

IN ANY EVENT, AFTER 40 YEARS OF SURVEYS AND TESTS AND AFTER NEARLY 30 YEARS OF DATA COLLECTION BY THE PRESIDENT'S COUNCIL ON PHYSICAL FITNESS AND SPORTS, WE HAVE TO ADMIT THAT A SUBSTANTIAL NUMBER OF AMERICAN BOYS AND GIRLS ARE NOT IN GOOD SHAPE ...

MANY ARE OVERWEIGHT ...

THEY DON'T HAVE GOOD COORDINATION ...

AND THEY DON'T DO VERY WELL IN BASIC TESTS FOR ENDURANCE AND MUSCLE STRENGTH -- TESTS THAT INCLUDE RUNS AND DASHES ... FLEXED-ARM HANGS ... AND SIT-UPS, PULL-UPS, AND CURL-UPS.

NOW WE HAVE TO ASK THE REALLY TOUGH QUESTION: OKAY, WHAT ARE WE GOING TO DO ABOUT IT?

IT'S A QUESTION THAT HAS TO BE ANSWERED BY THE NATION GENERALLY, BUT BY THE ARMED SERVICES ESPECIALLY. GIVEN THE GENERALLY POOR LEVEL OF PHYSICAL FITNESS AMONG AMERICAN YOUNG PEOPLE, HOW SHOULD THE ARMED FORCES RESPOND?

AND HERE, LET ME SUGGEST A FEW THINGS TO THINK ABOUT.

FIRST, THE MILITARY SERVICES MIGHT WANT TO LOOK AT THEIR OWN ORGANIZATIONS AND SEE HOW VISIBLE THEIR OWN FITNESS PROGRAMS ARE. BY THAT I MEAN, DO YOU HAVE AN ORGANIZED, COORDINATED, DEVELOPMENTAL PROGRAM FOR THE PHYSICAL FITNESS OF THE MEN AND WOMEN IN YOUR COMMAND?

AS YOU MAY KNOW, NO SERVICE HAS A CAREER FIELD DEVOTED EXCLUSIVELY TO PHYSICAL FITNESS. IN THIS RESPECT, THE MILITARY SERVICES UNFORTUNATELY IMITATE CIVILIAN LIFE, BECAUSE MANY ELEMENTARY AND SECONDARY SCHOOLS -- AND A FAIR NUMBER OF COLLEGES AS WELL -- HAVE CHOSEN TO EMPHASIZE COMPETITIVE SPORTS AND TO DE-EMPHASIZE OR ELIMINATE ALTOGETHER ANY INTEREST IN FITNESS.

WHEN WE SEE THAT SITUATION IN OUR LOCAL HIGH SCHOOL, WE SHAKE OUR HEADS AND MUMBLE DISAPPROVAL. BUT WHEN IT OCCURS IN OUR MILITARY COMMANDS ... WHEN COMPETITIVE BASE TEAMS, FOR EXAMPLE, ARE THE EXCLUSIVE FOCUS OF ANY COMMAND INTEREST IN PHYSICAL FITNESS ... THEN IT'S TIME TO RE-EVALUATE WHAT YOU'RE DOING.

SO I WOULD SUGGEST THAT THE SERVICES LOOK AT THEIR OWN POLICIES AND PROGRAMS ... MAKE SOME DECISIONS ABOUT PRIORITIES ... AND THEN, ON THE BASIS OF THAT EXPERIENCE, TURN TO THE LARGER CIVILIAN COMMUNITY TO LEND A HAND.

WHICH BRINGS ME TO MY SECOND SUGGESTION AS TO WHAT YOU MIGHT WANT TO DO ABOUT THE PHYSICAL FITNESS OF OUR YOUNG PEOPLE.

ODDLY ENOUGH, AS I THOUGHT ABOUT THIS, MY THOUGHTS TURNED TO THE CURRENT BOOM IN CLOTHING, EQUIPMENT, CLASSES, LESSONS, AND CLUB MEMBERSHIPS HAVING TO DO WITH PHYSICAL FITNESS. THE APPEAL, OF COURSE, IS TO THE AMERICAN YOUNG ADULT WHO WANTS TO BE IN BETTER SHAPE THAN HE OR SHE WAS IN BACK IN HIGH SCHOOL.

I KNOW THAT MANY PHYSICAL FITNESS PROFESSIONALS CAN FIND FAULT WITH SOME OR MANY OF THE COMMERCIALY AVAILABLE FITNESS APPARATUS AND REGIMENS. I'M NOT GOING TO GET INTO THAT, BECAUSE I KNOW VERY LITTLE ABOUT IT.

HOWEVER, YOU CANNOT IGNORE THE GENUINE ADULT APPEAL OF FITNESS AND, THEREFORE, YOU HAVE TO WONDER IF THAT APPEAL CAN'T SOMEHOW BE EXTENDED DOWNWARD IN THE MARKETPLACE TO REACH BOYS AND GIRLS OF ELEMENTARY AND HIGH SCHOOL AGE.

THIS IS A CHALLENGE FOR OUR SOCIETY GENERALLY ... BUT I BELIEVE IT IS ONE THAT CAN BE BEST MET BY ONE OR ANOTHER OF OUR OWN MILITARY SERVICES. THEY ALREADY PROVIDE A FITNESS PROGRAM FOR NEW RECRUITS -- LATE ADOLESCENTS, FOR THE MOST PART -- SO IT WOULD NOT BE UNUSUAL FOR THEM TO FOCUS ON A SENSIBLE, CREDIBLE REGIMEN OF EXERCISE THAT YOUNGER CHILDREN CAN DO AT HOME, AT SCHOOL, AND AT PLAY.

IT WOULD BE NICE TO LINK THIS WITH THE EXISTING PRESIDENTIAL FITNESS AWARDS PROGRAM, IF POSSIBLE. IN FACT, ONE OF THE SUGGESTIONS I WILL LEAVE TO MY SUCCESSOR IS TO ESTABLISH A "SURGEON GENERAL'S FITNESS AWARD," WHICH WOULD BE PRELIMINARY TO -- AND SOMEWHAT LESS DIFFICULT THAN -- THE PRESIDENT'S AWARD. I SHOULD THINK IT COULD BE DEVELOPED WITH THE HELP OF THE ARMED SERVICES.

BUT WHETHER UNDER THE SURGEON GENERAL'S SPONSORSHIP OR UNDER THEIR OWN, I THINK THE DEVELOPMENT OF SUCH A BROAD-BASED PROGRAM FOR YOUNGER CHILDREN WOULD BE, IN MY BOOK, AN EXCELLENT DEMONSTRATION OF LEADERSHIP BY THE MILITARY SERVICES IN A MATTER THAT IS FUNDAMENTAL TO THE WHOLE CONCEPT OF READINESS: THAT IS, THE PHYSICAL FITNESS OF AMERICA'S YOUNG PEOPLE.

SO MY FIRST SUGGESTION IS TO LOOK AT YOUR OWN ORGANIZATIONS AND COMMANDS. AND MY SECOND SUGGESTION IS TO SOMEHOW GET YOUNG CHILDREN AS INTERESTED AND INVOLVED IN FITNESS AS THEIR SLIGHTLY OLDER FRIENDS AND SIBLINGS ALL SEEM TO BE.

AND MY THIRD AND FINAL SUGGESTION IS THIS: I'D LIKE TO SEE THE UNIFORMED SERVICES SHARE THEIR OWN LEGITIMATE INTEREST IN FITNESS WITH SOME OF THE MAJOR CIVILIAN INSTITUTIONS IN OUR SOCIETY.

OF COURSE THE UNIFORMED SERVICES WANT TO MAINTAIN THEIR PERSONNEL IN A CONDITION OF COMBAT READINESS, OR FITNESS. AND THE COUNTRY EXPECTS THAT.

BUT, AS HISTORY HAS TAUGHT US OVER AND OVER AGAIN, IN A TIME OF PERIL OUR NATION PREVAILS TOGETHER, AS ONE NATION.

THE MILITARY SERVICES ARE AMERICA'S FIRST LINE OF DEFENSE.
BUT VICTOR HAS ALWAYS BEEN ASSURED AFTER THE REST OF THE
COUNTRY IS MOBILIZED AND ENGAGED IN THE DEFENSE EFFORT.

BUT I GUESS I'M ASKING ... WHY WAIT? WHY NOT HELP WORKING
PEOPLE ... MANAGEMENT PEOPLE ... PARENTS ... SHOPKEEPERS ... AND
OTHERS BECOME AWARE OF THE NEED TO MAINTAIN THEIR OWN PHYSICAL
FITNESS AND, IN TURN, ADVOCATE GOOD FITNESS PROGRAMS FOR THEIR
CHILDREN?

THE GENERALLY POOR PHYSICAL CONDITION OF SO MANY OF OUR CHILDREN FITNESS IS NOT SOLELY A "MILITARY" PROBLEM. IT'S A NATIONAL PROBLEM. AND I BELIEVE THE SERVICES -- ALONG WITH ALL OTHER INSTITUTIONS, PUBLIC AND PRIVATE -- OUGHT TO BE SERIOUSLY CONCERNED ABOUT IT AND COMMITTED TO CORRECTING IT.

AND WE OUGHT TO DO IT AS PARTNERS, NOT COMPETITORS.

SO MY THIRD SUGGESTION GROWS OUT OF THE FIRST TWO: IF YOU DO WHAT YOU HAVE TO WITHIN YOUR OWN MILITARY ORGANIZATIONS TO UPGRADE THE PHYSICAL FITNESS EFFORT ... AND IF YOU CAN BEGIN TO INTEREST BOYS AND GIRLS IN FITNESS ALL ACROSS THE COUNTRY ... THEN WHY NOT TAKE THE NEXT STEP AND BUILD PARTNERSHIPS THROUGHOUT OUR SOCIETY FOR INSTILLING A KIND OF "FITNESS ETHIC" INTO AMERICAN LIFE?

I THINK IT CAN BE DONE. BUT MORE IMPORTANT, I THINK IT OUGHT TO BE DONE FOR THE SAKE OF THE HEALTH OF OUR CHILDREN.

WITH THESE THREE SUGGESTIONS, I'VE AT LAST COME TO THE CLOSE OF MY MESSAGE THIS MORNING. LET ME TAKE JUST A FINAL MOMENT TO RE-STATE SEVERAL POINTS:

FIRST, AS FAR AS THE MAJOR DISEASES ARE CONCERNED -- HEART, CANCER, INFECTIOUS DISEASES, AND SO ON -- OUR YOUNG PEOPLE ARE DOING QUITE WELL, FAR BETTER THAN THEIR AGE PEERS ANYWHERE ELSE IN THE WORLD.

SECOND, THIS HEALTHY STATE IN REFERENCE TO DISEASE DOES NOT, HOWEVER, OUT-WEIGH THE RELATIVELY POOR CONDITION OF OUR CHILDREN IN REFERENCE TO PHYSICAL FITNESS, INCLUDING CARDIORESPIRATORY HEALTH, ESSENTIAL MUSCLE STRENGTH IN THE TRUNK AND LIMBS, AND WEIGHT CONTROL.

AND THIRD, THE POOR PHYSICAL CONDITION OF SO MANY OF OUR YOUNG BOYS AND GIRLS IS A CHRONIC NATIONAL PROBLEM REQUIRING NEW THINKING AND NEW ACTION BY ALL SECTORS AND INSTITUTIONS IN OUR SOCIETY, INCLUDING AND ESPECIALLY OUR UNIFORMED SERVICES.

AND NOW, IF YOU WISH, I'D BE HAPPY TO ANSWER YOUR QUESTIONS.

THANK YOU.

#